Name in Full: Samuel Barriman.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall — County: Kent

Date of death: 1904 Month: March Day: 5 — Age: Years: 60 Months: Days:

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death: Rock Hall

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: George Barriman — Father's Birthplace: Md

Mother's Maiden Name: Priscilla Smallwood — Mother's Birthplace: Md

Name of person giving Information: Queen Thompson — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dilatation of Heart — How long: Six months

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. L. Long

Address: Rock Hall Md.

Accident or Suicide?

LIBRARY BUREAU A33-16

Name in Full: Lillian O. Baynard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Millington | County: Kent

Date of death 190 : Month: March | Day: 13th | Age: Years: 2 | Months: 10 | Days: —

Sex: Female | Color or Race: Black | Birthplace: Kent Co. Md.

Married, Single or Widowed: Single | Occupation: none

Name of Wife or Husband:

Father's Name: Frank. Baynard | Father's Birthplace: Kent Co.

Mother's Maiden Name: Jennie Bordley | Mother's Birthplace: Kent Co.

Name of person giving In formation: Frank Baynard | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Bronchitis & Valvular Heart Lesion | How long: 2 Years

Immediate: Cardiac Failure | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. P. Gourieau, M.D.

Address: Millington Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Samuel Bowman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Alms House; County: Kent

Date of death: Month: 3; Day: 16; 1904

Age: Years: 20; Months; Days

Sex: Male

Color or Race: Black

Birthplace: Kent County

Occupation: Farm Hand

Where Residing if not at place of death: Laurel Sussex Co Del

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Unt Known

Father's Birthplace:

Mother's Maiden Name: " "

Mother's Birthplace:

Name of person giving Information: Wm Ford

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption

How long: Unt Known

Immediate: Exhaustion

How long: " "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm Ford

Address:

Overseer

Accident or Suicide? no

LIBRARY BUREAU AB316

Name in Full: Rachel A Bright

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Chestertown, County: Kent

Date of death: 1904 Month: Mar Day: 31 Age: Years — Months: 3 Days:

Sex: Female Color or Race: Blk Birthplace: Kent Co

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John Bright 90. Father's Birthplace: Kent Co

Mother's Maiden Name: Annie Bordly Mother's Birthplace: Kent Co

Name of person giving information: Annie Bordly How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis How long: 2 wks

Immediate: Apnoea How long: several hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. G. Simpers

Address: Chestertown

Accident or Suicide? No

LIBRARY BUREAU A88616

Name in Full: M. Louisa Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Coleman — County: Kent

Date of death: Month: Mar — Day: 25 — Year: 1904 — Age: Years: 55 — Months: — — Days: —

Sex: female — Color or Race: Wht. — Birthplace: Homewife

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: widow — Name of Wife or Husband: Wm Brown

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: Hannah Frisby — Mother's Birthplace: Md

Name of person giving Information: Chas Frisby — How related to deceased: Bro.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia. — How long: one week.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Wm. S. Maxwell.

Address: Still Pond. Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Coleman.

Name in Full: Peter Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Centreville — County: Kent

Date of death 1904: Month: Mar. — Day: 1st — Age: Years: 65 — Months: — — Days:

Sex: Male — Color or Race: Black — Birthplace: Baltimore Co.

Married, Single or Widowed: Married — Occupation: Farm Laborer

Name of Wife or ~~Husband~~: Annie Hinkle

Father's Name: Not Known — Father's Birthplace:

Mother's Maiden Name: Not Known — Mother's Birthplace:

Name of person giving In formation: Annie R. Henry 93 — How related to deceased: Granddaughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 days

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. P. Townsend M.D.

Address: Millington Md

Accident or Suicide?

LIBRARY BUREAU A58516

Name in Full: Annie Coates

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Beaches — County: Kent

Date of death 1904. Month: Mar. Day: 15th. Age — Years: 38 Months: — Days: -

Sex: Female. Color or Race: Black. Birthplace: Md.

Married, ~~Single~~ or ~~Widowed~~: Married. Occupation:

Name of ~~Wife~~ or Husband: Alex Coates

Father's Name: Isaac Freeman. Father's Birthplace: Md.

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: Ella Freeman. How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long:

Immediate: Dropsy. How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Harlow Kelley

Address: Kennedyville, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Samuel W. Cole

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Millington | County: Kent

Date of death: Month: March | Day: 20 | 1904

Age: Years: 86 | Months | Days

Sex: Male

Color or Race: White

Birthplace

Occupation: Merchant

Where Residing if not at place of death

~~Married, Single~~ or Widowed

Name of Wife or Husband: Samuel Cole

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma — How long: 5 Months

Immediate: Influenza — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Edw Clarke

Address: Millington Md.

Accident or Suicide?

LIBRARY BUREAU 488316

Name in Full: John Doe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Alms House — County: Kent

Date of death: 1904 — Month: Mar — Day: 26 — Age: Years: 91 — Months — Days

Sex: Male — Color or Race: Black — Birthplace

Occupation: Farm hand — Where Residing if not at place of death: Alms Home

Married / Single / Widowed — Name of Wife or Husband: none

Father's Name: don't know — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Wm. Ford — How related to deceased

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old Age — How long: 18 Months

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm Ford

Address: Chestertown Md

Accident or Suicide? no

LIBRARY BUREAU ADDITS

Name in Full: Mable C. Garrison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Colmar — County: Kent

Date of death: Month: Mar — Day: 8 — Age: Years: 14 — Months: 9 — Days: —

Sex: female — Color or Race: Black. — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: John Garrison — Father's Birthplace: Md

Mother's Maiden Name: Sarah Wright — Mother's Birthplace: Md

Name of person giving Information: Sarah Garrison 27 — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 6 weeks

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. R. Merrick

Address: Still Pond Md

Accident or Suicide?

LIBRARY BUREAU A38516

Coleman

Name in Full: Charlotte Gleaves

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Morgnec — County: Kent

Date of death: 1904 — Month: Nov — Day: 11

Age: Years: 60 (about) — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Kent Co

Occupation: Servant — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Primus Gleaves

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: John Hynson — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis of Liver — How long: 5 months

Immediate: Dropsy — How long: several weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. G. Simpers

Address: Chestertown Kent Co

Accident or Suicide? No

LIBRARY BUREAU A88818

Name in Full: William Goldsboro

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Chestertown; County: Kent

Date of death: Month: March; Day: 11; 1904

Age: Years: 81; Months: 1; Days: 3

Sex: Male

Color or Race: Black

Birthplace: Q. A. County

Occupation: Farmer

Where Residing if not at place of death: near Church Hill

Married, ~~Single~~ or Widowed

Name of Wife or Husband: Melvina Goldsboro

Father's Name: Aust Knox

Father's Birthplace: —

Mother's Maiden Name: [illegible]

Mother's Birthplace: [illegible]

Name of person giving information: Steve Goldsboro

How related to deceased: Son

CAUSES OF DEATH

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PHYSICIAN OR CORONER

Primary: Paralysis

How long: Four years

Immediate: Paralysis

How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: St Ogden Goldsborough

Address: Rolphs Wharf

Accident or Suicide? No

LIBRARY BUREAU A48516

Name in Full: Still Born Babe Hackett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lynches — County: Kent

Date of death	Month	Day	Years	Months	Days
1904	March	24	Age —	—	—

Sex: Female — Color or Race: Blk. — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Roger Hackett — Father's Birthplace: Md

Mother's Maiden Name: Anna M. Dent — Mother's Birthplace:

Name of person giving information: Octavia Stanley — How related to deceased: Nurse.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Miscarriage. 5 months — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. H. Maxwell.

Address: Still Pond, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Fountain.

Name in Full Hill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Kennedyville (Town) Kent (County)

Date of death 1904 (Month) May (Day) 29 Age (Years) — (Months) — (Days) —

Sex Male Color or Race White Birth-place Kennedyville

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Nicholas Hill S. Father's Birthplace Pennsylvania

Mother's Maiden Name Ella L. Connor Mother's Birthplace Maryland

Name of person giving Information Mrs Ella L. Hill How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Still born How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician G Irwin Pennell

Address Kennedyville Md

Accident or Suicide?

LIBRARY BUREAU A33516

Kennedy

Name in Full: Marie Hutchins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Golts — County: Kent

Date of death: 1904 — Month: 03 — Day: 25 — Age: Years: 1 — Months: 2 — Days:

Sex: female — Color or Race: Black — Birthplace: Golts Md.

Occupation: — Where Residing if not at place of death:

Married, Single or ~~Widowed~~: — Name of Wife or Husband:

Father's Name: Robt M. Hutchins — Father's Birthplace: Maryland

Mother's Maiden Name: Lena Johnson — Mother's Birthplace: "

Name of person giving In formation: Robt M. Hutchins — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enteritis Colitis — How long: 3 to 4 Weeks

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: Dr. W. T. Jacobs

Address: Millington Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Lydia Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chestertown; County: Kent

Date of death: Month: Mar; Day: 17; Years: —; Months: 4; Days: 7

Sex: Female; Color or Race: Colored; Birthplace: Chestertown

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Chas E. Johnson; Father's Birthplace: Chestertown

Mother's Maiden Name: Susie E. Thomas; Mother's Birthplace: Baltimore

Name of person giving Information: Susie E Thomas; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary bronchitis; How long: 3 days

Immediate: Apnoea; How long: few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. G. Simpers

Address: Chestertown Kent Co

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Henry Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sandy Bottom — County: Kent.

Date of death 1904 — Month: March. — Day: 4. — Age: Years: 74 — Months: — — Days: —

Sex: Male — Color or Race: African — Birthplace: Md.

Married, Single or Widowed: Widowed — Occupation: Farm laborer

Name of Wife or ~~Husband~~: Louisa Manners.

Father's Name: Henry Jones — Father's Birthplace: ?

Mother's Maiden Name: Augusta ? — Mother's Birthplace: ?

Name of person giving information: Azariah Jones — How related to deceased: Son.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism — ? — How long: 10 yrs.

Immediate: Apoplexy — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank W. Smith M.D.

Address: Fairlee. Md.

Accident or Suicide?

LIBRARY BUREAU A6881A

Name in Full: not named

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown — County: Kent

Date of death 1904: Month: March — Day: 10

Age: Years — Months — Days

Sex: Female — Color or Race: White — Birthplace: Chestertown

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Lambert — Father's Birthplace: Chestertown

Mother's Maiden Name: Nora Hickman — Mother's Birthplace: Chestertown

Name of person giving information: Nora Hickman — How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: —

Immediate: Poor Circulation — How long: all life 10 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H B Savage Jr

Address: Chestertown Md

Accident or Suicide? No

LIBRARY BUREAU A83516

Name in Full: Mary Francis Mitchell

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Chestertown County: Kent.

Date of death 1904: Month: March Day: 24

Age: Years: 44 Months: 11 Days: 24

Sex: Female Color or Race: Colored Birthplace: Near Chestertown

Married, ~~Single or Widowed~~: Married Occupation: Housework.

Name of ~~Wife~~ or Husband: Frank Mitchell

Father's Name: Wm Anderson Father's Birthplace: Cecil Co. Md.

Mother's Maiden Name: don't know Mother's Birthplace: Cecil Co Md

Name of person giving information: Frank Mitchell How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Stomach How long: 2 years.

Immediate: Cancer of Stomach. How long: Bro[ken] 6 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N. Bangs Simmons

Address: Chestertown Md.

Accident or Suicide? No.

LIBRARY BUREAU A88518

Name in Full: Anna Rebecca Nobletts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Worton Point — County: Kent.

Date of death 1904: Month: March — Day: 27

Age: Years: 38 — Months: 5 — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: Married — Occupation: Home work

Name of Wife or Husband: George W Nobletts

Father's Name: Daniel G. Storke — Father's Birthplace: "

Mother's Maiden Name: Annie Rogers — Mother's Birthplace: "

Name of person giving Information: George Nobletts. — How related to deceased: "

TO BE ANSWERED BY NEAREST FRIEND

64

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia — How long: 5 wks

Immediate: Convulsions. (Puerperal) — How long: 3½ hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. W. Smith

Address: Fairlee Md.

Accident or Suicide?

J. N. Stevens, Stevensville

LIBRARY BUREAU A28816

Minor Etc.

Name in Full: Miss Josephine E. Redue

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chestertown; County: Kent

Date of death 1904: Month: March; Day: Fifteenth

Age: Years in Nov 77; Months; Days

Sex: Female

Color or Race: White

Birthplace: Chestertown, Md.

Married, Single or Widowed: Single

Occupation: Teacher

Name of Wife or Husband:

Father's Name: Joseph Redue

Father's Birthplace: Talbot Co. Md.

Mother's Maiden Name: Miss Emeline Comegys

Mother's Birthplace:

Name of person giving information: Mrs. J. W. Russell

How related to deceased: Half Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia (Diffuse) 93

How long: 10 days.

Immediate: Heart failure

How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. P. Whiland

Address: Chestertown Md.

~~Accident or~~ Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Scott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Galena — County: Kent

Date of death 1904	Month	Day	Age	Years	Months	Days
	3	2		X	X	10

Sex: Female — Color or Race: col — Birthplace: Galena

Occupation: none

Married, Single, or ~~Widowed~~

Name of Wife or Husband: Emma Scott

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Hezekiah Scott — Father's Birthplace: Maryland

Mother's Maiden Name: Emma Hackett — Mother's Birthplace: Maryland

Name of person giving information: Annie Corey — How related to deceased: none

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Born before time — How long: 10 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Annie Corey Midwife

Address: Galena Maryland

~~Accident or Suicide?~~

LIBRARY BUREAU A6616

Name in Full: Laura Stevens

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Millington | County: Kent

Date of death: 1904 | Month: March | Day: 5 | Age: Years: 35 | Months: — | Days: —

Sex: Female | Color or Race: White | Birthplace: Maryland

Occupation: House Wife | Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ | ~~Name of Wife~~ or Husband: Henry Stevens

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: Family | How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Child Birth | How long:

Immediate: " | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

~~Signature~~ of ~~Physician~~: J. L. Smith, Andutaker

Address: Millington Md

Accident or Suicide?

LIBRARY BUREAU A88316

W. H. Jacobs M. D. in attendance failed to make out certificate.

L. S. Price Sub. Reg.

Name in Full: David Henry Tiller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bloomfield; County: Kent

Date of death: 1904; Month: March; Day: 14; Age: Years: 1; Months: —; Days: —

Sex: Male; Color or Race: Black; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Tiller; Father's Birthplace: Md

Mother's Maiden Name: Mary Bowers; Mother's Birthplace: Md

Name of person giving In formation: Joseph Tiller; How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis. How long: 4 months.

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Wm. S. Maxwell.

Address: Still Pond, Md.

Accident or Suicide?

LIBRARY BUREAU A66016

Mt Zion

Name in Full: Harry Crie

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Rock Hall — (County): Kent Co.

Date of death 1907 — Month: March — Day: 13 — Age — Years: — Months: — Days: one hour

Sex: male — Color or Race: white — Birthplace: Kent Co.

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Geo. Crie — Father's Birthplace: Kent Co.

Mother's Maiden Name: Bessie Waltemeyer — Mother's Birthplace: Balto, Md

Name of person giving Information: Geo. Crie — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature — How long: One hour

Immediate: Exhaustion — How long: Half hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W O Selby M D

Address: Rock Hall, Kent Co.

Accident or Suicide?

LIBRARY BUREAU A86316

Name in Full: Harvey M Tilp

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: near Millington — County: Kent

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 — Month: 3 — Day: 29th — Age: Years: 3 — Months — Days

Sex: male — Color or Race: Black — Birthplace: near Millington Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: John M White — Father's Birthplace: maryland

Mother's Maiden Name: Mary Lawrence — Mother's Birthplace: Maryland

Name of person giving information: John M White Jr — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long

[illegible] — How long

[illegible] name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Dr N T Jacobs,

Address: Millington Md

Accident or [illegible]?

LIBRARY BUREAU A88316

Name in Full: Mack. White

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Millington — Town — County: Kent

Date of death	Month	Day	Years	Months	Days
1904	March	12	Age	10	

Sex: Female — Color or Race: Black — Birthplace: Near Millington

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Charles. Hartley — Father's Birthplace: Near Here

Mother's Maiden Name: Harriet White — Mother's Birthplace: Kent Co

Name of person giving In formation: John White — How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: —

Immediate: Pneumonia — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? I think so

Signature of Physician: Dr W W Davis

Address: Millington Md

Accident or Suicide? Rev C Forman 2 Post mortem

LIBRARY BUREAU

Name in Full: Perry Nelson.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Graces — County: Kent

Date of death 1904: Month: May — Day: 17 — Age: Years: 55 — Months: 14 — Days: 16

Sex: Male — Color or Race: Black — Birthplace: Md.

Married, ~~Single~~ or ~~Widowed~~: Married — Occupation: Laborer.

Name of Wife ~~Husband~~: Bertha Thompson

Father's Name: Perry Nelson — Father's Birthplace: Md.

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: G. Spencer Comegys — 93 — How related to deceased: Notarial

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 7 days

Immediate: Hemorrhage from Lungs — How long: 16 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Hobart Kelly,

Address: Kennedyville, Md.

Accident or Suicide?

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